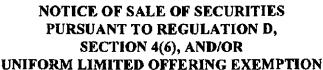
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FORM D

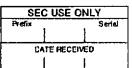
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Stephen Goodman

FORM D



		11701
OMB	APPRO	VAL
		3235-0076
Expires: Estimated	April 3	0.2008
Estimated	average	burden
hours per r	esponse	16.00



Name of Offering (check if this is an emendment and name has changed, and indicate change.) Prime Companies, Inc.	PROCESSE
Filing Under (Check box(es) that apply):	☐ ULOE
A. BASIC IDENTIFICATION DATA	THOMSON
1. Enter the information requested about the issuer	FINANCIAL
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Prime Companies, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 409 Center Street	Telephone Number (Including Area Code) 530 755 3580
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Telecommunications services provider	Mail Processing Section
Type of Business Organization Corporation limited partnership, already formed other (partnership, to be formed	please specify): MAR 2 7 2008
Month Year Actual or Estimated Date of Incorporation or Organization: 110 97 Actual Estir Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed,

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal police will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	lowing:		*****	
Each promoter of	the issuer, if the iss	sucr has been organized w	ithin the past five years;		
Each beneficial ow	ner having the pow	er to vote or dispose, or dir	rect the vote or disposition	of, 10% or mere of:	a class of equity securities of the issuer.
 Each executive of 	ficer and director of	f corporate issuers and of	corporate general and mar	aging partners of p	artnership issuers, and
Each general and a	nanaging partner of	f partnership issuers.	• -		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
					Managing ramer
Full Name (Last name first, a Lima, Norbert J	if individual)				
Business or Residence Addre 409 Center Street, Yuba		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Goodman, Stephen	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		· · · · · · · · · · · · · · · · · · ·
409 Center Street, Yuba	City, CA 95991				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (J.ast name first, Lirna, Adrian	f individual)			***************************************	
Business or Residence Addre 409 Center Street, Yuba		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)		<u></u>	•	
Hinz, Đennis					
Business or Residence Addre 409 Center Street, Yuba	`	Street, City, State, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Sokolowski, Martin	f individual)	*************************************		* * * *	
Business or Residence Addre 409 Center Street, Yuba		Street, City, State, Zip Co	ede)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Theotocatos, Chris	f individual)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre 409 Center Street, Yuba		Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	35 (Number and	Street, City, State, Zip Co	de)		
	(Use blan	ik sheet, or copy and use :	additional copies of this sh	neel, as necessary)	······································

Feb

All States

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OR

WY

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				B. D	NFORMAT	ION ABOU	T OFFERI	NG					
-	<u> </u>						<u>.</u>				Yes	No	
. Has th	e issuer sol	d, or does t	he issuer i	ntend to se	ll, to non-a	ecredited i	nvestors in	this offer	ing?		· [X	
					Appendix	•					10	000.00	
What	What is the minimum investment that will be accepted from any individual?								. \$_ 10,	\$_10,000.00			
Does	he offering	permit join	t ownershi	in of a sina	de unit?						Yes · 『☐	No X	
		tion reques										(2)	
comm If a pe or stat	ission or sin rson to be li es, list the n	nilar remund sted is an as ame of the l ; you may s	ration for: sociated pe proker or d	solicitation erson or age ealer. If me	of purchasent of a brob ore than five	ers in conn ter or deale e (5) persor	ection with r registered as to be list	sales of sec i with the S ed are asso	curities in t EC and/or	he offering with a stat	у. е		
ull Name	(Last name	first, if ind	ividual)		• • • • • • • • • • • • • • • • • • • •								
usin ess o	r Residence	Address (N	Number 201	d Street, C	ity, State, 2	Cip Code)		······································					
lame of A	ssociated B	roker or De	aler										
tates in V	hich Perso	n Listed Ha	s Solicited	or Intends	ta Solicit	Purchasers							
		s" or check									. [] A]	☐ All States	
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IL MT	NE NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS)	MC PA	
RI	SC	SD	TN	TX.	UT	VT	VA	WA	WV	WI	WY	PR	
ull Name	(Last name	first, if ind	ividual)		 -								
	<u></u>		· 										
usiness (r Residence	e Address (1	Number an	d Street, C	ity, State, I	Zip Code)							
ame of A	ssociated B	roker or De	aler										
tates in W	hich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers							
(Chec	c"All State	s" or check	individual	States)			**********				. [] Al	l States	
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD	
Ī	N)	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MC	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA	
RI	SC	SD	TN	TX	UT	VT]	VA	WA	WV	WI	WY	PR	
ull Name	(Last name	first, if ind	ividual)							 ,-			
		 											
usiness c	r Residenc	e Address (1	Number an	d Street, C	ity, State,	Zip Code)					,		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

CT

ME

NY

VT]

DC

MA

ND

WA

FL

MI

OH

WV

DE

MD

NC

VA

(Check "All States" or check individual States)

AR

KS

NH

TN

CA

KY

NJ

TX

CO

LA

NM

UT

AK

IN

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SC

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
		Aggregate		Amount Already
	Type of Security	Offering Pri	.ce	Sold
	Debt			\$
	Equity	10,000.00		\$_10,000.00
	Common Preferred			
	Convertible Securities (including warrants)			\$
	Partnership Interests			
	Other (Specify)			
	Total	10,000.00		\$_10,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors	1		s_10,000.00
	Non-accredited Investors			s
	Total (for filings under Rule 50% only)	1		s_10,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amoun
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			s_200,441.68
	Total			\$ 200,441.68
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			s
	Printing and Engraving Costs	**********		s
	Legal Fees			\$
	Accounting Fees	·····		\$
	Engineering Fees			s
	Sales Commissions (specify finders' fees separately)			5
	Other Expenses (identify)] [

Stephen Goodman

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L	C. OFFERING PRICE, NUMBER OF I	INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price and total expenses furnished in response to Part C — Question proceeds to the issuer."	4.a. This difference is the "adjusted gross		s10,000.00
5.	Indicate below the amount of the adjusted gross proceed to the each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the paym proceeds to the issuer set forth in response to Part C — Qu	e is not known, furnish an estimate and cents listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[]\$	
	Purchase of real estate]\$	ss
	Purchase, rental or leasing and installation of machinery and equipment		78	□ \$
	Construction or leasing of plant buildings and facilities	· ·		
	Acquisition of other businesses (including the value of sect offering that may be used in exchange for the assets or sect issuer pursuant to a merger)	urities of another	¬\$	s
	Repayment of indebtedness	-		-
	Working capital		-	
	Other (specify):			
	Column Totals		s_0.00	\$ 10,000.00
	Total Payments Listed (column totals added)		□ \$_10	0.000.00
	D. FE	DERAL SIGNATURE	·····	
sig the	e issuer has duly caused this notice to be signed by the undersignature constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited in the information furnished by the issuer to any non-accredited in the information (Print or Type)	ned duly authorized person. If this notice e U.S. Securities and Exchange Commissivestor pursuant to paragraph (b)(2) of R	is filed under Rusion, upon writte	n request of its staff
Pr	me Companies, Inc.	hand mia	a/2.	5/08
	i i	Signer (Printer Type)		
Nor	bert J. Lima Chief E:	xecutive Officer		

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

